

Global Health Learning Outcomes Framework



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Foreword

The NHS long-term workforce plan¹ aims to train more clinicians than ever before, retain more of its current staff, and reform and improve productivity. If it is to meet these important goals the NHS will need to work differently. Engagement in global activity can support this transition. The increasing global movement and migration of healthcare staff as well as the Covid-19 pandemic demonstrate the interconnectedness of global healthcare systems and the need for us to build deeper connections not just at national level but at an organisational, team and individual level.

By supporting their staff to engage in global activity, organisations can also improve staff retention and productivity. Organisations stand to gain from strengthened connections with overseas partners which support the sharing of good practice improving the efficiency of care delivery and patient outcomes. The NHS is a world leading health system, but it can learn and improve by working globally.

Engagement in global health activity also supports the personal and professional development of healthcare staff². The learning outcomes occur because individuals need to learn new skills in order to adapt to new and different environments for example by using new clinical techniques or dealing with very different cultural norms. These can include the key skills which are essential to all NHS staff such as leadership, critical thinking and cultural competence. The skills that our future workforce needs.

This learning outcomes framework aims to support individuals at all levels and from all professions to understand, articulate and evidence the learning they gain from participation in global activity. Divided into six domains, it frames the learning through statements which are brought alive by scenarios and examples of potential learning and experiences. These will enable learning to be captured by healthcare staff and support managers and others in senior positions to visualise and articulate the personal, team and organisational benefits that we gain when we support our NHS staff to engage in global activities.



¹ [NHS Long Term Workforce Plan](#)

² Tyler, N., Chatwin, J., Byrne, G.J., Hart, J. & Byrne-Davis, L.M.T. (2018) The benefits of international volunteering in a low-resource setting: Development of a core outcome set. *BMC Human Resources for Health* 16: 69

Background and introduction

In 2022 the Global Health Partnerships team at HEE commissioned a survey of NHS staff and students to gain an understanding of current and future healthcare professionals' interest and engagement in global health³. Nearly 4,000 individuals and 51 institutions responded. The survey found that there is an appetite for global health activity, but it concludes that there is scope to improve communication around the available global health opportunities and the benefits they can afford. This Global Health Learning Outcomes Framework aims to address this gap, by ensuring that both individuals and organisations understand the potential learning and benefits from engagement in global health activity.

There is increasing evidence that facilitating global engagement by healthcare staff improves recruitment, retention, job satisfaction, cultural and emotional intelligence, leadership development, and general productivity. Capturing the breadth of potential learning and presenting it in an accessible format will facilitate better understanding of the impact of global learning and help to provide a rationale for engagement. A clear framework of learning outcomes for individual, personal, and professional use will not only support the growing evidence documenting the benefits of global learning but may also encourage more staff and organisations to participate in global health activity, thereby supporting both the individuals who take part and the NHS more widely.

The framework is for all NHS staff, irrespective of area of work or practice. This will include clinicians, the wider workforce, and subject matter experts from across all the professions and disciplines within the NHS. Users of the framework may be utilising their skills within discrete projects or running and managing projects overseas. It is a universal tool for all who wish to use it. Within the framework all staff are described as **practitioners**; the **practitioner** is any individual engaging in global health learning.

The framework is expected to support practitioners who have engaged in global health learning activity either physically working overseas, or engaging virtually with global organisations, to critically reflect on their experiences of working in health systems which differ from practices within the NHS. Practitioners are likely to return with fresh perspectives and the ability to apply new skills and approaches to their own practice, ultimately improving care and service delivery. It is generally accepted that engagement in global health activity can lead to improved wellbeing.

The collaboration and sharing of ideas afford organisations the opportunity to learn new ways of delivering quality care. By enabling staff to work globally, the NHS not only benefits from improved skills of staff, but also from better global connections which will lead to improved global health security and increase the global workforce⁴.

³ Report currently in print. For a copy, please email NHS England Research and Development Manager, Rachel Hinds on rachael.hinds@hee.nhs.uk

⁴ [WHO Health Topics Health Workforce](#)



Who is this Framework for?

The Framework will be of interest to a range of individuals, groups, and organisations.

Practitioners

The Framework sets out the knowledge, skills, and behaviours that practitioners who have been engaged in global health learning activity can be expected to demonstrate once they return to their usual place of work or a new environment.

The Framework can assist staff in the development of a portfolio of evidence which they can use to demonstrate and capture the changes to their practice, their increased confidence, and how they may have changed how they work with others, as a result of undertaking a global health learning activity/experience.

Employers

For the employer, the framework will help in the understanding of the learning that staff acquire whilst working internationally – whether placed abroad or working virtually with organisations in other countries – which will enable them to better support staff to utilise their learning when they return to their usual place of work.

Education, training, and international placement providers

The Framework can inform those who design, deliver and quality assure training and development opportunities to focus on these global health capabilities and learning outcomes that learners are likely to have developed as a result of their engagement in global health activity. This, in turn, will guide the content of educational activities and the use of appropriate teaching, learning, and assessment strategies, and optimise opportunities for inter-professional learning.

For organisations providing international learning opportunities, the Framework supports the design and delivery of programmes in partner health systems. This framework also provides potential benchmarking of international placement provision to identify appropriate/further development.

Patients/service users

For patients/service users, the framework sets out what they may expect as a result of staff engaging in global health activity. Staff who have worked with patients and others from a different culture, can result in a greater understanding of cultural sensitivities. This can lead to improved cultural competence, i.e., *being alert and responsive to beliefs or conventions that might be determined by cultural heritage*⁵ resulting in improved person-centred care, with patients/service users feeling better supported.

⁵ [Care Quality Commission Culturally appropriate care](#) (May 2022) Ackers, H.L., Ackers-Johnson, J., Ahmed, A. and Tate, N. (2019) 'Optimising student learning on international placements in Low Income Settings; the contribution of cultural brokerage', *Open Journal of Social Science* 7(3) 10.4236/ijss.2019.73026



Benefits of the learning outcomes framework

The Learning Outcomes Framework specifies a range of capabilities which could be demonstrated by practitioners who have undertaken global health activity across a range of contexts and the scope of their practice. The framework will:

- Support NHS staff to evidence the personal and professional development they gain from participation in global health activity.
- Help NHS managers and organisations to understand the benefits to their organisation if they support their staff to engage in global health activity.
- Allow the benchmarking of learning which takes place through engagement in global health activity and so improve consistency of the global health learning opportunities which are offered by different organisations to NHS staff.
- Support NHS England and stakeholders to continue to build an evidence base of the benefits of engagement in global activity for NHS staff and organisations.
- Help NHS staff and organisations to engage more effectively in global partnerships so ensuring that they are of mutual benefit to all, recognising the likely increase in personal satisfaction and an increase in greater engagement at work because of practitioner engagement with global health learning experiences.
- Although the framework references NHS staff, this document can be used by various health and social care staff from many backgrounds, including the voluntary, private and charity sectors.



Structure of the learning outcomes framework

To facilitate a clear understanding of the framework and to reflect the themes of global health learning outcomes, it is presented in six domains:

Domain A. **Professional Practice**

Domain B. **People Development**

Domain C. **Leadership and Management**

Domain D. **Communication and Relationships**

Domain E. **Sustainable Healthcare**

Domain F. **Evidence-Based Practice and Innovation**

Within the domains are a total of 12 capabilities. The capabilities are numbered for ease of reference. An individual practitioner's practice is likely to cut across all the capabilities, which do not indicate a prescribed pathway, process, or hierarchy.



Domain A.

Professional Practice



Introduction

The values and behaviours of practitioners working within healthcare are fundamental to the successful delivery of healthcare services to individuals, communities, and populations.

Practitioners undertake a range of assessments and develop appropriate plans of action. They demonstrate skills in problem solving, critical thinking, and evaluating the impact and outcomes of their interventions. They analyse and synthesise information, particularly in relation to a wide range of contexts where information may be incomplete or contradictory.

As a result of involvement in global learning activity, the expectation is that practitioners will demonstrate greater confidence when working within new environments and greater cultural sensitivity when working with people.



Capability 1.

Professional practice and values

Having undertaken a global learning activity, the practitioner will be more likely to:

- 1 Understand Codes of Conduct, health and care legislation, regulation and policy, and how these may differ across a range of global environments.
- 2 Challenge their own perceptions and critically reflect on how own values, attitudes, and beliefs might influence their professional behaviour and that of colleagues.
- 3 Identify and act appropriately when behaviours undermine equality, diversity, and inclusion, demonstrating cultural sensitivity.
- 4 Adopt a non-judgemental approach when working in a new environment with social, economic, and cultural differences.
- 5 Understand how cultural differences within groups, communities, and organisations exist, and how these might impact on health and the delivery of healthcare services.
- 6 Adapt behaviour to fit in with other cultures, as appropriate.
- 7 Recognise that words and behaviours can be perceived by others to have different meanings and understand how to speak and behave so as not offend other people.
- 8 Share best practice gained through global health learning opportunities with other members of the team, (for example, through shadowing, educational sessions, and presentations at meetings).



“Certainly, in the UK you’re kind of aware of all the cultural differences and you “do” equal opportunities but until you’re actually in a place where you’re the outsider, you don’t realise how much it impacts.”

Ackers, L., Ackers-Johnson, J., Chatwin, J. and Tyler, N. (2017) Healthcare, Frugal Innovation, and Professional Volunteering. Springer International Publishing, Cham. <https://doi.org/10.1007/978-3-319-48366-5>



Capability 2.

Gathering and interpreting information

Having undertaken a global learning activity, the practitioner will be more likely to:

1

Identify appropriate methodologies required to provide an accurate assessment of local population healthcare services

2

Identify and comply with an organisation's local guidance, legal and professional requirements for confidentiality, data protection, and information governance.

3

Review complex, incomplete, ambiguous, and conflicting information, identifying elements that may need to be pursued further.

4

Analyse information gathered and consult with a diverse range of stakeholders on results of analysis and agreed action, in accordance with relevant healthcare policies and procedures.

“

“I developed skills in diplomacy, patience (in spadefuls), respect and communication; as an accountant I was involved in number crunching, pricing and developing accountability systems. It's inspired me to think more globally and not be blinkered in my finance role.”

(Accountant who completed a quality improvement placement in a hospital in Uganda)

Capability 3.

Assessment, decision-making, and action planning

Having undertaken a global learning activity, the practitioner will be more likely to:

1

Consider the impact of culture when undertaking a range of assessments in both the context of one's own role and the identified outcomes for the global health learning activity.

2

Exercise judgement and select the most likely outcome in relation to all information obtained.

3

Be flexible and adapt to conditions and procedures which may be unfamiliar and deal appropriately with unexpected situations.

4

Be confident and accountable when working independently and take responsibility for own decisions whilst being able to recognise when a situation is beyond own capability or competence and escalate appropriately.

Case Study:

What do respect and respectful care mean in different contexts?

A volunteer is working on labour ward in an LMIC, alongside a local midwife. They are caring for a mother in labour. There are signs of distress in the unborn baby and the midwife begins slapping expectant mother to encourage her 'push harder'. This leads to an argument between the volunteer and midwife.

Watch the following video and then ask yourself, what would you have done? Consider the impact of limited resources and support on the delivery of care, do you look at any of the issues differently now?

[Safeguarding Students and Volunteers | Knowledge4Change - YouTube](#)

Notes

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Domain B.

People Development



Introduction

Practitioners understand the importance of continuing personal and professional development and facilitating the education and development of others.

They understand the impact of the knowledge and skills gained from engaging in global learning activities on their practice, and that of others, in improving health outcomes and reducing health inequalities.



Capability 4.**Education and development**

Having undertaken a global learning activity, the practitioner will be more likely to:

1

Have greater confidence in their role as an educator, supervisor, coach, and mentor, seeking to instil and develop the confidence of others.

2

Facilitate the development of others, including through virtual engagement, where appropriate.

3

Be better placed to advocate for and contribute to a culture of organisational learning to inspire future and existing staff.

4

Utilise innovative methods, where appropriate, in the education and development of others, to make it more appropriate for the learner.

5

Adapt teaching methods and materials to make them more suitable to the environmental context.

6

Have insight of a wider range of ways of learning, in order to support teams to build capacity and capability (which could include work-based and inter-professional learning), and the application of learning to practice.

Case Study:

Rosemary and Helena were part of a team who were working with local healthcare staff to deliver some clinical training to nurses and doctors in Kenya. Because the training had originally been developed for staff in their hospital in England, first they needed to adapt their materials and content for the local context. Through this process they developed a much deeper understanding of their topic, what were the key messages were within the training and how to get them across on the most effective way.

Notes

Use this space to make notes, personal reflections or list actions



Domain C.

Leadership and Management



Introduction

The capabilities for Leadership and Management which apply to practitioners across sectors, specialties, and professions, are presented in the following Domain D.

Practitioners who engage in global health activity are likely to have gained knowledge of the principles of compassionate leadership⁶ and the leadership behaviours as described within the NHS Leadership Academy Healthcare Leadership Model: The nine dimensions of leadership behaviour⁷ where appropriate.

Opportunities to learn about different healthcare systems can lead to improved skills in service/policy development, new perspectives on decision-making, and utilisation of the knowledge required to underpin the change process and cycle of change.



⁶ [What is compassionate leadership? The Kings Fund February 2022](#)

⁷ [Healthcare Leadership Model: The nine dimensions of leadership behaviour, NHS Leadership Academy](#)

Capability 5.

Leadership, management, and organisation

Having undertaken a global learning activity, the practitioner will be more likely to:

- 1 Establish effective relationships within organisations, in order to understand the cultural context and to learn 'how things are done', within the new environment.
- 2 Work with others, and across professional boundaries to implement negotiated change.
- 3 Support new practice and service redesign solutions in response to feedback, evaluation, data analysis, and workforce and service need.
- 4 Demonstrate compassionate leadership whilst being respectful of leadership styles in differing cultural contexts, adopting principles of followership, as appropriate.
- 5 Demonstrate receptiveness to challenge and ways to constructively challenge others, escalating concerns that affect people, groups, communities, and colleagues' safety and wellbeing when necessary.
- 6 Work with a wide range of stakeholders to ensure local ownership to effect longer term change by developing skills, knowledge, and leadership within the local team to support plan(s) for on-going sustainability.

Case Study:

A fellow from the NHSE Global Fellowship Programme worked with local stakeholders and software developers to implement the 'Hospital Emergency Centre and Tracking Information System' (HECTIS) at George Regional Hospital, in South Africa's Western Cape. On her return to the UK she commented that the Fellowship had provided a platform to return to the NHS better able to challenge ideas and behaviours that are often barriers to innovative change, and to drive improvements to better serve patients.

(NHS Global Programme participant)

Notes

Use this space to make notes, personal reflections or list actions



Domain D.

Communications and Relationships



Introduction

Practitioners participating in global health activity require developed interpersonal and communication skills to engage in effective, enabling, and complex interactions with individuals, communities, local populations, and colleagues in the environments/contexts in which they practise.

They require skills in listening and information-processing, alongside empathetic skills to ascertain, understand and respond to complex needs and concerns.

Practitioners work ethically, underpinned by their professionalism, incorporate a critical approach to risk and uncertainty, and work actively with others to resolve conflict, and build and sustain effective collaborative working relationships.



Capability 6.

Communication skills

Having undertaken a global learning activity, the practitioner will be more likely to:

1

Adapt verbal and non-verbal communication styles in ways that are responsive to cultural needs, preferences, and abilities and use accessible information.

2

Understand unequal power relations and inequalities experienced by individuals as a result of their social identities and the impact of this on meaningful engagement and communication.

3

Communicate effectively in high pressure situations, engage in challenging conversations about change and/or, including, for example having difficult conversations which may challenge gender equality and social inclusion norms⁸.

4

Be able to establish formal and informal communication systems, communicating in ways that build and sustain relationships.

5

Reflect on communication strategies and adapt these to ensure they enable a meaningful and equitable exchange of information.

Case Study:

“When I was working with Indian teams, I found that it is was common for people to not want to say no to me directly. Instead, people would agree in our online meetings to complete tasks and then find a more polite way to refuse afterwards, often over email. This was really frustrating at first but as I learnt that this was how they liked to communicate I adjusted how I worked to give them more space outside of meetings to negotiate on task assignment. This then ensured the smooth delivery of projects moving forward.”

Trust Project Manager working with Indian Recruitment Teams.

⁸ THET Gender Equality and Social Inclusion (GESI) Toolkit for Health Partnerships

Capability 7.

Partnership and collaborative working

Having undertaken a global learning activity, the practitioner will be more likely to:

1

Demonstrate the principles of partnership working, understanding the need to ensure that plans and objectives for global health activities are agreed, in collaboration with partner organisations, and aligned to identified local need.

2

Understand the importance of effective team and/or organisation dynamics in working collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities.

3

Promote effective multi/inter-disciplinary team working and value the importance of working collaboratively to deliver healthcare effectively.

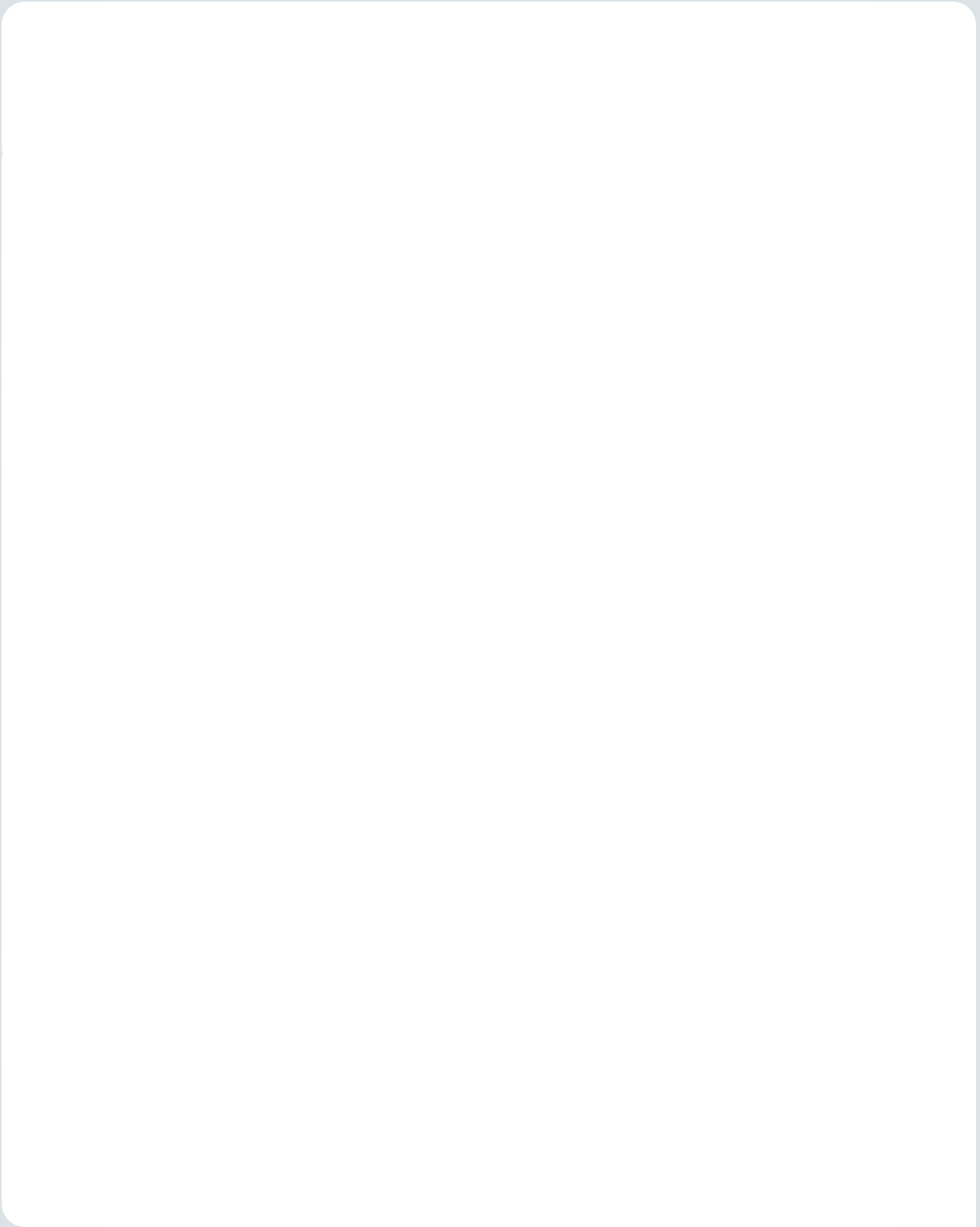
“

“The best people that we place are those who have the humility to engage in multi-disciplinary team working.”

Global Learning Opportunities Programme Manager

Notes

Use this space to make notes, personal reflections or list actions



Domain E.

Sustainable Healthcare



Introduction

Having engaged in a global health learning activity, practitioners are likely to have the knowledge and skills to encourage and support personal responsibility for health, promote models of self-care and health seeking behaviours, whilst helping to ensure that people are able to access services appropriately.

They will understand the impact of climate change and environmental factors on health, for example, illnesses related to increase in temperatures, air pollution, injuries sustained as a result of extreme weather events, flooding, drought.

They will be more likely to better understand the impact of healthcare on the environment including balancing the risks and benefits of their own engagement in global learning activities and the impact of their practice on the environment.

Practitioners may, as a result of their global health learning activity, be better equipped to influence how services can be made more sustainable, for example by identifying carbon hotspots and making systems and processes leaner.



Capability 8.

Preventing ill-health and promoting health and wellbeing

Having undertaken a global learning activity, the practitioner will be more likely to:

1

Understand how prevention can reduce the effect of healthcare provision on the environment.

2

Understand that climate change increases health inequalities and that an improved environment, such as better air quality, supports healthier lives.

3

Engage in interactions with individuals, groups, and communities to encourage and facilitate positive changes in behaviour and action that seeks to prevent illness, promote supported self-care, health, and recovery.

4

Work collaboratively with wider teams and partner organisations to promote physical and mental wellbeing for all individuals, groups, and communities.

5

Adapt use of resources in situations where resources may be limited and/or differ.

6

Understand the importance of the wider determinants of health affecting the health and wellbeing of a community and/or population, for example, equity, income, education, housing, environment⁹.

7

Collaborate with individuals, organisations, and systems in developing, implementing, and evaluating services for a healthy community.

⁹ WHO Sustainable Development Goals



Case Study:

The climate crisis threatens to undo the last fifty years of progress in development, global health and poverty reduction¹⁰. It is a health crisis and as such it is vital that health services respond robustly to the challenges climate change presents.

The healthcare sector is responsible for almost 5% of global greenhouse gas emissions. If the sector were a country, it would be the fifth largest polluter on Earth¹¹. The world's healthcare systems need to be sustainable – meeting the needs of the present without compromising our ability to meet the needs of the future. To achieve this we need to reduce the requirement for healthcare by supporting people to make healthier choices for themselves and their communities. Thereby preventing illness and promoting health and wellbeing. People also need to be less reliant on the medical model of care. Instead taking responsibility for managing their conditions themselves. Alongside this we must simultaneously improve healthcare and reduce its carbon footprint by identifying better, lower carbon care pathways. The transition to lower carbon healthcare must support equitable access for all.



¹⁰ WHO. (2021), COP26 Special report on climate change and health: The health argument for climate.

¹¹ Health Care Without Harm, 'Health care's climate footprint' Produced in collaboration with Arup September 2019.

Capability 9.**Promoting self-management**

Having undertaken a global learning activity, the practitioner will be more likely to:

1

Understand the importance of self-management in healthcare in mitigating the effects on the environment.

2

Support self-care and management and work in such a way that empowers individuals to help themselves.

3

Work in ways which are non-judgemental, respects rights and dignity, promotes choice, the assertion of views, and independence in making informed decisions about care received, (considering cultural and religious background, as appropriate).

4

Work in partnership with local community representatives to ensure most appropriate and effective methods of sharing information to support individuals to manage their own care.

“

“What I’ve learned from South Africa is very translatable to the workplace.”

Global Health programme participant. (2023)

Capability 10.

Supporting equitable access to healthcare

Having undertaken a global learning activity, the practitioner will be more likely to:

1

Understand and appreciate the importance of timely, equitable access to healthcare for all individuals in supporting sustainable services and working towards universal health coverage.

2

Understand the principles of stewardship in delivering high quality, effective healthcare and be aware of the financial and environmental costs.

3

Understand the potential benefits of technology in widening access to healthcare services.

4

Understand the importance of population health management in ensuring that services meet the needs of the local population.

5

Understand the health beliefs and attitudes of the local population and the impact of culture, religion, and intersectionality on individuals' motivation and compliance.

Case Study:

Geographical information system (GIS) technology has been recognised as an important way to improve health care research and planning, and never more so than in developing countries. The declining price of the equipment, improvements in global positioning systems (GPS) accuracy and better local expertise have made the application more widespread. Its use has included the mapping of healthcare cases and treatments and subsequent planning, targeted interventions, and education programmes of many kinds. For example, GIS technology has enabled health officials in the Ghana region to visualize the geographic pattern of disease outbreaks in ways that permit the imposition of efficient containment strategies.

Vikrant V. Sahasrabudhe, Groesbeck P. Parham, Mulindi H. Mwanahamuntu, and Sten H. Vermund. 2011. National library of Medicine.

Auma J, Ndawula A, Ackers-Johnson J, Horder C, Seekles M, Kaul V and Ackers L (2023) Task-shifting for point-of-care cervical cancer prevention in low- and middle-income countries: a case study from Uganda. *Front. Public Health* 11:1105559. doi: 10.3389/fpubh.2023.1105559.

Capability 11.

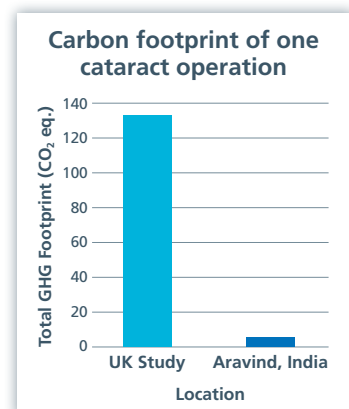
Practising sustainable care provision

Having undertaken a global learning activity, the practitioner will be more likely to:

- 1 Understand the relationship between healthcare models and the environmental impact and identify alternative, more sustainable models of healthcare, where appropriate, for example, virtual delivery.
- 2 Understand that other healthcare systems do some things differently which may be less impactful to the environment.
- 3 Recognise and use available data to assess the carbon footprint of healthcare interventions and processes.
- 4 Understand the environmental impact of the use of materials, supply chain, fleet management, and healthcare related travel, and mitigate, where appropriate.
- 5 Be aware of the environmental impact of estates, for example, buildings, waste management, energy consumption, water usage, green spaces, and the use of carbon calculations in mitigating the carbon footprint.
- 6 Be able to support the design of a health infrastructure that mitigates the impact of climate change.

Case Study:

This is a graph which shows the carbon footprint of cataract surgery when performed in a hospital in the UK compared to a specific eye hospital in India. It shows the carbon emissions are significantly lower than the UK. When conducted in India similar procedures produce around 6 kilos of CO₂ per operation, just 5% of the UK's equivalent which is estimated at 181 kilos per procedure, while both have comparable clinical outcomes.




Morris, D. S., Wright, T., Somner, J. E., & Connor, A. (2013). The carbon footprint of cataract surgery. *Eye* (London, England), 27(4), 495-501. <https://doi.org/10.1038/eye.2013.9>

Thiel et al. (2017). Cataract surgery and environmental sustainability: Waste and lifecycle assessment of phacoemulsification at a private healthcare facility. *Journal of cataract and refractive surgery*, 43(11), 1391-1398. <https://doi.org/10.1016/j.jcrs.2017.08.017>

Notes

Use this space to make notes, personal reflections or list actions



Domain F

Evidence-based practice and innovation



Introduction

Participating in global health activities can provide opportunities for practitioners to engage in collaborative research which in turn can lead to improved research skills.

Practitioners are more likely to apply research findings to inform their evidence-based practice, with an understanding of how best to apply it innovatively in differing global contexts.



Capability 12.

Research and evidence-based practice

Having undertaken a global learning activity, the practitioner will be more likely to:

1

Understand and utilise the evidence of best practice from global health learning to inform own practice.

2

Identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way.

3

Act as an educator, leader, innovator, and contributor to research activity.

4

Work with others to seek out and applying for research funding.

5

Lead on Quality Improvement initiatives and manage projects, sharing outcomes and leading negotiated change.

6

Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g., presentations and peer review research publications), recognising the wider range of places where research can be published.

7

Facilitate collaborative links between practice and research through engagement, networking with global health contacts, academic, clinical, and other researchers to identify innovative solutions that benefit health outcomes and service improvements.

8

Influence the development of new, and the improvement of existing protocols, guidelines, and policies of practice appropriate for the evolving technological trends, through research.

9

Understand that international treatment guidelines are largely developed on evidence derived from Western countries and recognise the inherent potential for inequality and inappropriateness.

Case Study:


There are plenty of opportunities for practitioners who are engaging in global health activity to learn about new techniques and practices which will support the efficient delivery of healthcare within the NHS. A well-documented example is Kangaroo care (1). This is a practice which was first implemented in Columbia over 25 years ago to reduce reliance on expensive neonatal intensive care units. The practice involves as much time as possible of skin-to-skin contact for pre-term infants and their parent. It has been shown to reduce infant mortality, infection, breastfeeding, and maternal satisfaction and is now routinely used globally.

Jefferies AL, Canadian Paediatric Society, Fetus and Newborn Committee. Kangaroo care for the preterm infant and family. *Paediatric Child Health* 2012;17:141-6.
10.1093/pch/17.3.141



Notes

Use this space to make notes, personal reflections or list actions



Appendix 1.

How the Framework was developed

Development of the Global Health Learning Outcomes Framework was guided by a project Reference Group representing key stakeholders from a number of organisations in a range of roles.

A wider stakeholder list was also established to include a more diverse range of organisations and individuals that wished to be updated on the development of the framework and to provide comments or feedback as part of the consultation process. Individuals were able to register their interest on the Skills for Health and HEE websites, via a project information page set up at the start of the project.

Initial desk research was undertaken to identify key references, resources, and significant themes or issues for consideration – further references and resources continued to be identified during the project (see Appendix 4. Bibliography).

Initial iterations of the framework were developed based on the findings of the desk research and consultation with the project Reference Group. In February, a wider online consultation survey was conducted with a total of 115 respondents. In addition, the HEE Global Health Partnership's Research and Development team convened a number of focus groups to consider how the framework could be used in practice. Based on analysis of these survey outcomes, further amendments and refinements were undertaken, leading to a final meeting of the project Reference Group on 27 April 2023.



Appendix 2.

Acknowledgements

This Framework was commissioned by the Directorate of Global Health Partnerships, NHS England.

The project Reference Group was chaired by Rachel Monaghan, Deputy Director, Global Health Partnerships, NHS England. Project management was provided by Andrew Lovegrove and Rosemarie Simpson (Senior Consultants at Skills for Health).

We are extremely grateful to members of the Reference Group for providing their guidance, expertise, and support. Representation on the Reference Group included the following individuals/organisations:

Name	Title/Organisation
Prof. Louise Ackers	Chair in Global Social Justice, University of Salford
Dr. Maslan Amin	National Clinical Advisor and Associate Director, Health Education England
Wayne Bendelow	Programme Manager, Globalising NHS Careers, Global Health Partnerships
Prof. Lucie Byrne-Davies	Professor of Health Psychology, University of Manchester
Sarah Garland	Chief Sustainability Officer's Clinical Fellow
Prof. Joanne Hart	Professor of Health Professional Education and Health Psychologist, University of Manchester
Claire Horder	Midwife, Placement Manager and PhD Researcher at Salford University.
David Keen	Senior Lead for Education and Research, Global Health Partnerships
Mandy McCarthy	Assistant Programme Manager, Globalising NHS Careers, Global Health Partnerships
Dr. Rose McCarthy	Head of Global Workforce, Education, and Research, Global Health Partnerships Directorate
Rachel Monaghan	Deputy Director, Global Health Partnerships
Dr. Henry Muwonge	Country Lead, Uganda UK Health Alliance Secretariat, Ministry of Health
Andrew Lovegrove	Senior Consultant, Skills for Health
Rosemarie Simpson	Senior Consultant, Skills for Health
Dale Manawydan Gilbert	Information Systems and Governance Manager, Globalising NHS Careers, Global Health Partnerships

Appendix 3.

Glossary

HEE	Health Education England
NHS	National Health Service
NHSE	National Health Service England
THET	Tropical Health Education Trust
Global health opportunities	Opportunities available for training and development in global activities.
Global Health Learning Outcomes Framework	A global learning framework approach developed to enhance learning and develop new skills through acquired and shared knowledge, comprehension, application, analysis, synthesis, and evaluation.
Global practitioner	Colleagues from a range of multi professional teams with a diverse range of backgrounds who work, either voluntary or paid, in global health activities.
Global partner	An organisation that Global Health Partnerships works with in pursuit of shared aims, both UK based and globally.
Global learning activity	An interaction with complex, interdependent global systems, and people for the development of critical analysis and engagement.
Global health activity	The focus on improving health and achieving equity for all worldwide.
Global health systems	Global Health Systems focus on issues of governance, healthcare financing, and HR to deliver healthcare.
Global workforce	International pool of workers who connect through global systems of networking.
Health intervention	An act performed for, with, on behalf of, or by an individual, family, or community whose purpose is to assess, improve, maintain, promote, or modify health functioning or health conditions.
Person-centred care	An approach to care that consciously adopts individuals', caregivers', families', and communities' perspectives.
Universal health coverage	All individuals and communities in receipt of the health services they need without suffering financial hardship.

Appendix 4.

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